

MEDICAL
1962
ARY

YALE UNIVERSITY LIBRARY,
NEW HAVEN, CONN.

from B. Mc Flint

On the Prevalent Diseases in the Philippines.

A REPORT TO THE COMMITTEE OF THE JOHNS
HOPKINS MEDICAL SCHOOL

BY

PROFESSOR S. FLEXNER, M.D.,

AND

PROFESSOR L. S. BARKER, M.D.

1899.

16
08
1

RA934
P5 F44
1899

REPORT UPON AN EXPEDITION SENT BY THE JOHNS HOPKINS UNIVERSITY TO INVESTI- GATE THE PREVALENT DISEASES IN THE PHILIPPINES.

TO PRESIDENT GILMAN, DOCTORS WELCH AND OSLER,

Philippine Committee of the Johns Hopkins University Medical School.

Gentlemen:—We have the honor to submit to you a brief account of our work and movements in carrying out your commission to study the prevalent diseases in the Philippine Archipelago. Your commissioners, consisting of Dr. Simon Flexner and Dr. L. F. Barker, to whom were voluntarily attached Messrs. J. M. Flint and F. P. Gay, of the Medical School, the latter having given their time and paid all their own expenses, sailed from Vancouver on March 29th, 1899, and arrived in Manila May 4th, where they immediately established themselves for the purpose of the work mentioned. Owing to the military situation it was found impracticable to visit other ports in the Archipelago or to penetrate into the interior of the Island of Luzon. The entire time therefore of the commission was spent in the study of disease existing among the natives and American troops in Manila and at Cavite.

WORK IN JAPAN AND HONG-KONG.

As transport sailings were uncertain and the passage out by them slow, it was decided to save time and go by fast steamer, the Canadian Pacific Railway giving especial rates to the commission on tickets around the world.

The original plan of your commissioners was to proceed directly to Manila by way of Hong-Kong, at which latter port it was intended to stop only long enough to outfit for the tropics and to catch the earliest steamer sailing for Manila. After consideration of the probability that certain new kinds or phases of disease, not occurring in temperate regions, might be encountered in the Archipelago, and of the fact that the diseases of the

Philippines would probably have much in common with those of Japan, it was decided to spend one week in Japan, where modern hospitals could be visited and advantage taken of the results of the study of tropical disease by highly trained and eminent Japanese physicians. The decision proved to be valuable in many ways; and we especially desire to express our obligations to Professors Aoyama, Mitsukuri, Miura and Kitasato, who showed us many courtesies. The opportunity to see in the Japanese hospitals pure and mixed examples of beri-beri assisted us greatly in our subsequent studies, as did also the observations on dysentery made in the Institute for Infectious Diseases at Tokio.

While outfitting at Hong-Kong we improved the opportunity to study the bubonic plague, which was still prevailing at that port. This study was made easy by the generosity and courtesy of the English Civil Physician, Dr. James Lowson, in charge of the Plague Hospital and Mortuary. The study began in this way was extended when two months later we returned to Hong-Kong, en route to America. At this time a considerable exacerbation of the disease had taken place, and within a week or ten days we saw several scores of cases and performed many autopsies. The several forms of infection: inguinal; axillary; tonsillar and cervical and pulmonary, were thus encountered. Bacteriological examinations were made and tissues collected for future study. Two of the party (Dr. Barker and Mr. Flint) spent on the return journey three weeks (at their own expense) in India, where the great epidemics of plague there raging were observed.

ARRIVAL IN MANILA.

Immediately upon our arrival in Manila quarters were sought at the "Hotel de Oriente." Very insufficient accommodations were secured for a limited time, as the sudden accession of families of Army and Naval officers had strained the hotel to its fullest capacity. Having been forewarned of the conditions of living in Manila, we took the precaution to bring with us from Hong-Kong a group of Chinese servants, intending to set up house-keeping if practicable. After much difficulty a small house was secured in San Miguel, where, by hiring parts of the furnishings and buying what could not be rented, a temporary establishment was secured.

Within a few hours after our arrival the credentials and private letters brought were presented to Colonel Woodhull, Surgeon-in-Chief to the 8th Army Corps and to General Otis. Colonel Woodhull afforded us every opportunity to prosecute our work in the military hospitals. Although no

special introduction was in our possession, we quickly met Dr. Bournes, chief health officer of Manila, who opened to us the hospitals under his charge. Somewhat later we met Dr. Pearson, Chief Naval Surgeon, who opened the Naval Hospital at Cavite to us.

HOSPITALS IN MANILA.

Civil Hospitals. These consist of a large hospital within the walled city, *San Juan de Dios*. It has a capacity of from 250 to 300 beds and accommodated during our stay both natives and Europeans. The number of European patients was small. When the military hospitals were much crowded a certain number of wounded prisoners of war were accommodated. The hospital contained chiefly native medical cases of both sexes. The *San Lazaro* or leper hospital, in the outskirts of Manila, contained from 80 to 100 lepers during our stay. These had come from Luzon, almost exclusively from Manila and its immediate surroundings. The two sexes are provided for in separate, large and airy wards. One wing of the building, having a private entrance, is devoted to native prostitutes who apply regularly for examination and are incarcerated here and treated medically when found to be suffering from venereal disease.

Military Hospitals. These consisted, beside the regimental hospitals which were virtually detention camps, of three Reserve Hospitals—the 1st, 2nd and 3rd Reserve Hospitals; a convalescent hospital on Corregidor Island and the Hospital Ship *Relief*, which was anchored in the bay. The First Reserve Hospital, under the control of Major Crosby, had been originally the Spanish military hospital. It had been from time to time, by the erection of tents over platforms raised a foot or two from the ground, increased in capacity until in July it contained 1200 or more beds. The Second Reserve Hospital, under the control of Major Keefer, was a transformed modern school building and because of its limited capacity (250 beds), high ceilings and wide corridors it made a model hospital. The Third Reserve Hospital had just been established towards the end of our visit and was smaller than the others and intended as a convalescent hospital. The hospital at Corregidor is a temporary structure and intended for convalescents. It is especially well adapted for its purpose because of the high and hilly character of the island and its complete investment by the sea. The *Relief* was used as a hospital for acute cases; but some time before we left the acute cases were transferred to the Reserve Hospitals and the *Relief* sailed for San Francisco with invalided men.

The Reserve Hospitals accommodated especially American sick and wounded; but a ward in the First Reserve Hospital was set aside for the Filipino wounded.

After the outbreak of beri-beri at Cavite a hospital under military control was established at San Roque in the remains of the Spanish Marine Hospital which had been wrecked by the insurgents.

Naval Hospital. A small hospital for sick seamen and marines was established at Cavite. Through the courtesy of Dr. Pearson this was open to us for clinical studies.

Clinical, Pathological and Bacteriological Laboratory. Through the kindness of Colonel Woodhull and Major Crosby, the officer-in-chief of the First Reserve Hospital, a small Filipino house, situated on the banks of the Pasig, was given us in which to establish a laboratory. This was done on the second floor of the house. The expense of putting up working-tables was kindly borne by the Medical Corps of the Army. The laboratory equipment was set up in this building and within a very few days after our arrival work was begun. We desire to speak of the co-operation of the Medical Staff of the hospital who afforded us every opportunity to visit the wards and many of whom joined or assisted us in clinical and pathological work. We wish especially to acknowledge the co-operation and assistance of Lieut. Richard P. Strong, a graduate of the J. H. U. Medical School, who had on our arrival already begun to do laboratory work and who gave up much of his valuable time in furthering our interests. It was found unnecessary to establish laboratories in the other hospitals, in the first place because all were connected with the First Reserve by the Signal Service telegraphic system of which we had free use; and next because all the dead were carried to the morgue in conjunction with the First Reserve Hospital. We went or were frequently called to the other hospitals to make clinical and bacteriological examinations.

With few exceptions, all the dead were subject to autopsy. Postmortem examinations were made at the Civil Hospitals upon natives and at the Military Hospital upon all that died. Exceptions were made only in the cases of those dead from gunshot wounds, when, if pressed for time, necropsies were sometimes omitted.

PREVAILING DISEASES.

The subject of the prevalent diseases may be considered as they affect (1) the natives, and (2) Europeans and Americans, especially the American garrison.

Diseases affecting Natives. (a) *Skin Diseases.* Of the skin diseases prevailing among the natives, aside from small-pox and other specific exanthemata, may be mentioned (1) diseases of the scalp, which are very frequent; (2) dhobie itch; and (3) an affection which resembles closely and which is probably identical with Aleppo boil (Delhi boil, Biskra button, *epidemische Beulenkrankheit*). (b) *Small-Pox.* This disease has been so generally prevalent in Luzon that the natives have to a large extent lost fear of it. All evidence points to the greatest carelessness in preventing its spread during Spanish times. Isolation of the sick and disinfection of the habitations seem not to have been attempted, and vaccination, even among the Spanish garrison, had not been carried out. Under these circumstances it could be no surprise that after the American occupation the disease should appear and even become epidemic. The epidemic which appeared early last year was promptly met by Dr. Bournes, who caused the Spanish garrison still in Manila and the natives and Chinese within the city to be vaccinated. In order to insure satisfactory results he found it necessary to establish a vaccine farm in which young *carabao* were used for the preparation of the virus. Under the influence of this measure and by the aid of isolation of the sick the disease had in May practically disappeared within the military lines about Manila. (c) *Leprosy.* A definite focus of this disease exists in Luzon. The cases, in the neighborhood of 100, which were confined in the San Lazaro Hospital came from Manila and the country immediately surrounding that city. The disease affected both sexes, being more frequent in adults, although also present in half-grown boys and girls. The commonest forms were the tubercular and mutilating. Autopsies were performed upon several cases that had died during our stay. (d) *Tuberculosis.* Accurate statistics of the extent of the prevalence of this disease are difficult if not impossible to obtain. That the disease is a common one is indicated by several facts. It is frequently met with in the native hospitals, where it may have been recognized during life or is disclosed at autopsy. Many cases of supposed beri-beri which we autopsied at San Juan de Dios proved to be tuberculosis. It is possible that the two diseases had co-existed, for we found such combinations freely recognized by Japanese physicians in the hospitals in Japan. Tuberculosis of the lungs was also found as a common complication in leprosy individuals that came to autopsy. A not very infrequent spectacle met with on the streets are much emaciated and weak natives, affected with suggestive coughs and free expectoration. While it is not certain that these individuals were examples of tuberculosis, there

is strong probability that this explanation of their condition is the correct one. (e) *Venereal Disease*. Syphilis, by general agreement (statistics not available), does not prevail unduly. Chancroids and gonorrhœa are, on the other hand, very common. The majority of the prostitutes confined in the San Lazaro were victims of these two diseases. A very common complication of the soft sore, owing to lack of cleanliness, is swelling and suppuration of the inguinal glands. (f) *Beri-Beri*. This disease is well known among the natives. It would appear to be epidemic and endemic in Luzon. It is, judging from cases met with in San Juan de Dios Hospital and the statements of native physicians, constantly appearing in a sporadic form. During our stay an epidemic appeared among the Filipino prisoners confined at Cavite. Some 200 cases developed in a few weeks; the mortality ranged from 20 to 30 per cent. The several recognized forms of the disease—oedematous, paralytic, and mixed—were encountered. Clinical and bacteriological studies were made upon the living, and the dead were subjected to autopsy and bacteriological examination. The difficulty of getting to and fro between Manila and Cavite on account of the impossibility of land communication, made this part of our work difficult and time-consuming. A considerable collection of pathological material and other data has been made. This material is now in process of study and arrangement.

Diseases affecting Americans. The chief causes of disability among the American land forces are the enteric diseases. These are diarrhœa, dysentery, typhoid fever, and gastro-intestinal catarrhs. Many of the diarrhœas are merely preliminary to the symptoms of dysentery. Other infectious fevers are relatively infrequent. A small number of cases of scarlet fever and diphtheria only were encountered. The malarial fevers prevailed but not seriously during the months of May, June, and July. (a) *Dysentery*. This disease is responsible for the greatest amount of invalidation and the highest mortality. It appears in acute, sub-acute, and chronic forms. The chronic form is sometimes attended by secondary abscess of the liver. The acute form may end in 24, 48, or 72 hours. In it the whole of the large intestine and usually the lower portion of the ileum is involved. The mucous membrane of the gut is swollen, congested and oedematous, in places haemorrhages have taken place into the mucous membrane and the sub-mucosa is swollen and its blood-vessels greatly dilated. No ulcers existed in such cases. Amoebæ were absent or very difficult to find in the fresh stools and in the intestinal contents immediately after death. In the sub-acute and chronic forms ulcers are present in the mucosa; the coats of

the intestine are greatly thickened ; at times large sloughs of mucous membrane, partly detached, occur, and the lesions are confined to the large intestine. Amoebae are more commonly present in these cases but are variable as to actual occurrence and numbers. Large hepatic abscesses, usually single, were encountered in a number of these cases. Amoebae were variable in the contents of the abscesses. In one very large abscess, occupying both right and left lobes of the liver, no amoebae but a pure culture of the *Staphylococcus pyogenes citreus* was obtained. The clinical study of the cases of dysentery with reference to amoebae was equally unsatisfactory. In cases with marked symptoms both in patients confined to bed and those beginning to go about but still with persistent loose bowels, these organisms were frequently missed ; while in instances ready to be discharged they might, at certain examinations, be found to be very abundant. In morphology, the amoebae studied corresponded with the amoeba coli found in Egypt and in this country. The bacteriological study of cases of dysentery was carried out upon the fresh stools of acute and chronic cases and with the intestinal contents, mesenteric glands, liver, etc., of cases dying and subjected to autopsy. The intestinal flora was studied in its entirety by means of plate cultures. A variety of microorganisms were separated. Many of these were well-known species or occurred normally in the situations in which found. Tests with blood sera for agglutination were made and those organisms giving positive reactions were separated for further study. Two groups of bacilli were thus differentiated: (1) Having affinities with the group of bacillus coli communis. The agglutination was variable, being constant and sensitive with the blood-serum of the same individual (host) and inconstant, and active in relatively strong solutions only, in serum from other individuals. (2) Having affinities with the group of bacilli of which the *Bacillus typhosus* is the type. Agglutination constant and sensitive with blood-serum of host as well as the sera of other individuals suffering from dysentery. Inactive with normal serum, serum from cases of typhoid fever, malaria and beriberi. A bacillus belonging to the second group, which is still under study, would seem to agree with the bacillus dysenteriae isolated by Shiga from cases of endemic dysentery occurring in Japan. It is regarded by us as an important factor in the causation of the dysentery of the Philippine Islands. Experiments in immunization of animals and the production of vaccine are in progress. (b) *Typhoid Fever*. The total number of cases of typhoid fever in the hospitals during May, June and July was far below those of dysentery; the number of deaths also was less. It was,

however, a frequent affection among Americans. The examination of the blood, microscopically and with the Widal test, was of the greatest help in diagnosis. The disease came to autopsy presenting the classical intestinal lesions and also in atypical forms. In the small number of autopsies made upon those dead of this disease, several instances of slight intestinal involvement or even entire escape were met with. These cases would have remained very obscure or even undetermined except for the Widal reaction and bacteriological examination. In some instances the typhoid bacillus was found widely disseminated throughout the body, the autopsy being made immediately after death. (c) *Malarial Fevers*. A large proportion of the cases sent in from the field and outlying military stations where examinations had to be hastily made as instances of "malaria" or "intermittent fever" turned out to be cases of other diseases (typhoid fever, dysentery, etc.). A number of true cases of malarial fever were, however, met with, and in the blood of these the characteristic parasites, identical with those occurring in other places in which studies of the blood have been made, were found. No quartan parasites were met with, but cases of quartan affection doubtless exist. Typical infections with the "tertian" and "aestivo autumnal" varieties of the parasite were encountered by us, and by microscopists among the Army physicians in the Reserve Hospitals and on the *Relief*. One of the fatal cases of malaria was complicated with acute lobar pneumonia. The cases of "calentura perniciosa" which occur in Mindoro, Mindanao and in certain parts of Luzon should be studied as soon as these regions are accessible. The Archipelago is favorable also for the study of the relation of mosquitos and other insects to malarial infection. Some of the malarial cases were undoubtedly *recidives*, imported from Cuba or elsewhere. A very small number of deaths was referable to malaria. Two instances of acute malarial infection came to us for autopsy. On the other hand, several instances of malarial pigmentations of the organs, in persons dying from other diseases, were encountered. Parasites in the latter cases were absent. These men had, as a rule, been in Cuba or Porto Rico during the Spanish war.

(d) *Tuberculosis*. A number of cases of pulmonary tuberculosis developed among the soldiers in the American troops. A definite history of exposure to wet and various hardships was elicitable in many of these cases.

(e) *Dengue*. At Cavite there occurred a large outbreak of an epidemic fever of short duration (a few days) known locally as Cavite fever. Almost all who remained in Cavite for any length of time were attacked. Second

and third attacks were common. Muscular pains were severe in some cases and not in others. A slight exanthem was present in many of the cases. Flushing of the face, restlessness and general malaise accompanied the fever and rapid heart action. Malarial parasites were not present in the blood, nor did the serum from such cases agglutinate cultures of the typhoid bacillus. The epidemic is regarded as one of Dengue.

(f) *Tropical Ulcers.* A number of the American soldiers suffered from a form of indolent ulceration, locally known as "tropical ulcer." These ulcers occurred singly sometimes but were more often multiple. They began as small pustules, which gradually extended. They were most frequent among those who had been compelled to make long marches through swampy districts, and the patients themselves attributed the ulceration to "poisoning" in the marshes.

(g) *Wound Infection.* Our experience with wound infections was rather limited. The other problems undertaken, regarded as more important as bearing on the general question of disease and its causation in the Islands, left but little time and opportunity to attack this interesting subject. Certain observations of interest were made. Pyogenic infections due to the common pus cocci occurred. In a small number of gun-shot wounds causing compound fractures emphysematous gangrene occurred and the bacillus aerogenes capsulatus was isolated. In one instance of compound fracture of the tibia a spore-bearing bacillus was associated with the bacillus aerogenes capsulatus. It was found in cover-slip preparations from the original wound and in the first set of cultures. It could not be further transplanted and hence was not identified. In two other cases was the bacillus aerogenes met with, one a case of peritonitis following infection of the intestine from an incarcerated hernia, and the other also a case of peritonitis but secondary to perforation of a typhoid ulcer of the intestine. The army surgeons were enthusiastic as to the adequacy of the "First-Aid Package" in limiting the number of wound infections.

CLIMATOLOGICAL AND HYGIENIC CONDITIONS.

The climate is that of continual summer. There is a wet season (S. W. Monsoon) and a dry season (N. E. Monsoon). The hottest period is at the end of the dry and the beginning of the wet season—precisely the period of our visit. The climate from November to March is said to be delightful. In the worst season of the year the climate is very trying and especial precautions are to be taken if Americans are to keep well there. The extremes of temperature are not great, but the constancy of the high tempera-

ture, together with a high degree of humidity, make the climate peculiarly enervating. We were interviewed at length while in Manila, officially by the U. S. Philippine Commission, with regard to climate and the hygienic precautions to be observed, as well as with regard to other medical problems in the islands. The climatic conditions and the hygienic precautions to be taken will form the subject of a fuller report to be made later.

The above represents, briefly stated, the results achieved by your expedition sent to the Philippines. As will be patent to you, not a little yet remains to be done before the scientific portion of the work is completed. This portion of the report is for the present only hinted at or withheld until it shall have been finished. It is the intention of your commissioners to make careful studies of the material relating to beri-beri, dysentery, malarial and typhoid fevers, leprosy, and the bubonic plague, which has been collected. These studies, with the exception of that relating to dysentery, will be carried out upon preserved material, and the labor involved, which has been divided between Baltimore and Philadelphia, will necessitate that some time must elapse before the finished report is forthcoming. The task of completing the study of the bacillus isolated from cases of dysentery has been assigned to Dr. Flexner, who was principally engaged with that theme during the residence in Manila. In order to carry out the experiments as designed, an outlay for experimental animals and their maintenance will need to be made. It is known to you that the original sum so generously contributed by friends of the University and appropriated for the use of your commission has been exhausted, and that private means have been drawn upon to defray a part of the expense involved. We would respectfully draw attention to this fact and to the further expenses to be incurred, and request direction as to your wishes regarding these matters.

We wish to express our deep gratitude to Messrs. Flint and Gay, whose untiring efforts during our residence in Manila made it possible to accomplish far more than we could have done unaided. It is a pleasure to acknowledge also many kindnesses on the part of Mr. John W. Garrett.

That we are deeply indebted to the officers in the Medical Service of the U. S. Army and Navy for opportunities and aid is evident from the report preceding. Courtesies and kindnesses extended by various citizens of Manila, European and native, are here also gratefully acknowledged.

Very respectfully,

SIMON FLEXNER,
LEWELLYS F. BARKER.